

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Support Enforcement

ACKNOWLEDGMENT OF PATERNITY

READ ALL INSTRUCTIONS CAREFULLY AND REMOVE THIS PAGE BEFORE COMPLETION

The purpose of this form is to acknowledge paternity for a child born out of wedlock.

This Acknowledgment of Paternity **IS NOT** applicable if the mother of the child was married at the time of birth or was married at any time in the ten months immediately preceding such birth pursuant to A.R.S. § 36-322, unless accompanied by a Waiver of Paternity Affidavit.

COMPLETION

- Read the "Paternity Acknowledgment Packet" (PAE-631) and the "Acknowledgment of Paternity" (CS-127).
- Only use **BLACK INK**. Colored inks **ARE NOT ACCEPTABLE**. Type or print all required information except where signatures are required.
- **DO NOT MAKE CORRECTIONS ON THE FORM**. Forms with crossouts, erasures, alterations, etc., will invalidate the Acknowledgment. **DO NOT SUBMIT AN ACKNOWLEDGMENT CONTAINING SUCH CHANGES**. If you make a mistake, ask for a new form and begin again.
- **Fill in every blank or box on the form**. Incomplete or incorrect information may cause delays in the filing of the Acknowledgment.
- In cases of multiple births, a separate Acknowledgment for each child must be completed.
- **The Acknowledgment must be signed in the presence of a Witness or Notary Public**. Each parent must sign their name on all copies of the form and each signature must be witnessed or notarized. Each parent must show the Witness or Notary appropriate, valid identification. The parents should use their **legal name only**. Nicknames, shortened name, etc., SHOULD NOT be used. Your **legal name** is the one that appears on your birth certificate, or other official documents.
- If the parents are now married, submit a copy of the marriage license.
- If both parents cannot sign the Acknowledgment at the same time, use a separate Acknowledgment. When signing separate Acknowledgments the child's information should be identical on each form. All blanks must be completed and both Acknowledgments submitted together.
- **If you are changing the child's name, after 3 months of age only the last name of the child can be changed.**
- If completing this Acknowledgment away from the hospital, remember to sign in the presence of a Notary Public or qualified Witness. A qualified Witness must be at least 18 years old and not related to either parent by blood or marriage. Notary Publics are listed in the telephone directory. **RETURN ALL PAGES (excluding completion instructions) OF THE ACKNOWLEDGMENT**. Mail the entire document to:

Hospital Paternity Program
P.O. Box 40458
Phoenix, AZ 85067-0458

DEFINITIONS

DES - Department of Economic Security

DHS - Department of Health Services

DCSE - Division of Child Support Enforcement

HOW WILL YOUR CHILD BENEFIT IF YOU SIGN THIS FORM?

- Every child has the right to know his or her mother and father and benefit from a relationship with both parents.
- Your child will have two legal parents.
- Your child has a right to financial support from both parents.
- It will be easier for your child to learn the medical histories of both parents and to benefit from health care coverage available to you.
- It will be easier for your child to inherit through you and receive benefits such as dependent or survivor's benefits from Veterans Affairs or the Social Security Administration.

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. ♦ This document is available in alternative formats by contacting 602-274-8303 ♦ Español en el reverso.

ACKNOWLEDGMENT OF PATERNITY**PLEASE PRINT CLEARLY. Complete in BLACK INK. DO NOT ALTER, LEGAL DOCUMENT****CHILD'S INFORMATION**

CHILD'S NAME (First, Middle, Last, Suffix) AS IT APPEARS ON THE BIRTH CERTIFICATE		BIRTHDATE (MM/DD/YY)
PLACE OF BIRTH (City, County, State)	HOSPITAL	

- ☐ The mother was married at the time of conception and/or birth of the child.
 ☐ A consent of the present/former husband is attached.
- ☐ A court order or decree of dissolution which rebuts paternity is attached.

HOW YOU WANT THE CHILD'S NAME TO APPEAR ON THE BIRTH CERTIFICATE**IF THE CHILD'S NAME HAS NOT CHANGED, PLEASE PRINT THE CHILD'S NAME AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE**

FIRST	MIDDLE	LAST	SUFFIX (Jr., II)
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MOTHER'S INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME	BIRTHDATE (MM/DD/YY)
SOC. SEC. NO.	AREA CODE AND PHONE NO. ()	PLACE OF BIRTH (City, State)	COUNTRY OF BIRTH	
ADDRESS (Street, Apt. No., City, State, ZIP)		EMPLOYER	OCCUPATION	

FATHER'S INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	BIRTHDATE (MM/DD/YY)
SOC. SEC. NO.	AREA CODE AND PHONE NO. ()	PLACE OF BIRTH (City, State)	COUNTRY OF BIRTH
ADDRESS (Street, Apt. No., City, State, ZIP)		EMPLOYER	OCCUPATION

ETHNICITY

- ☐ Asian/Pacific Islander
 ☐ Black
 ☐ White
- ☐ Hispanic (specify) _____
- ☐ Am. Indian/Alaskan Native (tribe) _____

EDUCATION (Circle highest grade completed at the time of child's birth)

Elementary 0 1 2 3 4 5 6 7 8

High School 9 10 11 12 College 1 2 3 4 5+

This Acknowledgement is being signed voluntarily with no threat or harm or duress. I have received written and oral notice and have read the back of this form. I understand my alternatives, the legal consequences and the rights and responsibilities. I swear and affirm under penalty of perjury pursuant to A.R.S. §13-2702 that this application and any accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct.

SIGNATURE OF MOTHER (Sign only in presence of Witness)	DATE	SIGNATURE OF FATHER (Sign only in presence of Witness)	DATE
SIGNATURE OF WITNESS (TO BE COMPLETED BY THE [Check one]: <input type="checkbox"/> HOSPITAL <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> OTHER)	DATE	SIGNATURE OF WITNESS (TO BE COMPLETED BY THE [Check one]: <input type="checkbox"/> HOSPITAL <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> OTHER)	DATE

WITNESS MUST BE AT LEAST 18 YEARS OF AGE AND NOT RELATED BY BLOOD OR MARRIAGE.

PRINTED NAME OF WITNESS	PRINTED NAME OF WITNESS
ADDRESS	ADDRESS

NOTARY SECTION**TO BE COMPLETED BY A NOTARY PUBLIC ONLY IF NOT WITNESSED ABOVE**

State of Arizona, County of _____ State of Arizona, County of _____

Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, _____ Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, _____

NOTARY PUBLIC

NOTARY PUBLIC

PLACE NOTARY SEAL HERE

PLACE NOTARY SEAL HERE

My Commission expires _____ My Commission expires _____

☐ Check this box if form completed at the hospital.

Paternity Date _____

ALL COPIES OF THIS DOCUMENT MUST HAVE ORIGINAL SIGNATURES.

*For Office Use Only***THIS ACKNOWLEDGMENT IS BEING SIGNED VOLUNTARILY WITH NO THREAT OR HARM OR DURESS**

NOTICE OF ALTERNATIVES, THE LEGAL CONSEQUENCES AND RIGHTS AND RESPONSIBILITIES

PLEASE READ THIS INFORMATION CAREFULLY BEFORE YOU SIGN THE FORM

The purpose of this form is to acknowledge paternity for a child born out of wedlock.

We, the natural mother and natural father, declare that the information provided is true and correct. We acknowledge that the father named is the only possible father of the child named.

If the mother was married at any time in the ten months immediately preceding the birth or the child is born within ten months after the marriage is terminated by death, annulment, declaration of invalidity or dissolution of marriage or after the court enters a decree of legal separation, a Consent Affidavit must accompany this document pursuant to A.R.S. § 25-814.

I understand that if the current/former husband's location is unknown to the mother, the mother will be required to apply for IV-D Services and The Division of Child Support Enforcement will attempt to locate the current/former husband.

I understand that by signing this acknowledgment we are giving up our right to a court hearing to determine paternity as well as the right to have genetic testing done to determine the parentage of this child.

I further understand we may have a right to rescind or challenge this acknowledgment as outlined in A.R.S. § 25-812.

I understand the signing of this acknowledgment will result in the legal determination of paternity.

I understand that upon the determination of paternity, both parents have a legal obligation to support their child pursuant to A.R.S. § 25-501 as well as other duties imposed by Arizona law.

I understand this paternity determination is not a custody order but provides a basis for determining issues related to custody and visitation and affords the parents all rights and responsibilities provided by Arizona law.

I understand that either parent has a right to cancel the Acknowledgment of Paternity by completing an Affidavit of Paternity Rescission within 60 days from the date of the last witnessed/notarized signature on the Acknowledgment and sending it to the Hospital Paternity Program pursuant to A.R.S. § 25-812. I have read the information provided and received oral notification of our rights and responsibilities by either speaking to staff, viewing a paternity video or phoning 1-800-485-6908.

A voluntary Acknowledgment of Paternity filed with The Department of Economic Security or The Department of Health Services has the same force and effect as a Superior Court judgment pursuant to A.R.S. § 25-812.

I further declare this statement to be made for recording with the Clerk of the Superior Court, The Department of Economic Security or The Department of Health Services pursuant to A.R.S. § 25-812 and hereby consent and request that the birth certificate be amended to show the father's name and to show the child's name as requested on the front of the Acknowledgment of Paternity. Please note: Once the certificate has been changed and registered, future name changes are by court order only.

I understand that if it is deemed appropriate by DES, this acknowledgment may be used to obtain a paternity order in any Arizona county having venue.

I understand that I am required to provide my Social Security Number pursuant to 42 USC § 652(a)(7) and 666(a)(5)(IV). DES/DCSE will use this information to establish paternity and if appropriate, to establish and enforce a child support order.

I swear or affirm under penalty of perjury pursuant to A.R.S. § 13-2702 that this application and/or accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct.

WHAT DOES IT MEAN IF YOU SIGN THIS FORM?

By signing this Acknowledgment of Paternity you are legally establishing your child's paternity. Paternity means legal fatherhood. For parents who are not married to each other, paternity may be established legally in Arizona only by signing this form or by going to court.

Signing this form is voluntary. You should not sign this form if you have been threatened or coerced.

If you want to have a blood or genetic test to verify paternity, do not sign this form until you have received the results of the test.

This Acknowledgment does not automatically give the father visitation or custody rights, but he may use it to ask the Court for them.

Either parent can rescind this form within 60 days of the last signature on the form by signing an Affidavit of Paternity Rescission (CS-258). To request an Affidavit of Paternity Rescission, contact the Hospital Paternity Program at 1-800-485-6908.